D2

Michigan Technological University
Graduate School

Recommended Advisor

Due in the Graduate School Office during second term

Semester of entry into program _____

The following member of the Graduate Faculty is recommended to serve as the Advisor for

_____ , _____, a doctoral student in the
Student's name *Student ID number*

Graduate Degree Program of _____ .

_____ , _____
Advisor* **Please print name** **Department**

_____ , _____
Co-Advisor** Please print name Department

Approval Signatures
Please print name next to signature

_____
Department Chair/ Non-Departmental Program Chair or Graduate Program Director *Date*

_____
Assistant to the Dean of the Graduate School *Date*

*The advisor must be a member of the Graduate Faculty. If s/he is an ad hoc member of the graduate faculty, the student needs to have a co-advisor who is a regular member of the graduate faculty as well.

**Students may opt to have a co-advisor even if one is not required. The co-advisor may be in the student's home department or in another department, school, or college.